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STATEMENT OF DEFICI	ENCIES
AND PLAN OF CORRECT	

(X1)
PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

NVN632HOS

B. WING _____

04/29/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BHC WEST HILLS HOSPITAL

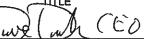
1240 E NINTH ST RENO, NV 89515

	RENO, NV 89	010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE TE DATE
S 000	Initial Comments	S 000		
	This Statement of Deficiencies was generated as a result of a State Licensure revisit survey initiated on 4/27/09 and finalized on 4/29/09.			
	Four complaints were investigated during the survey.			
	Complaint #NV00021521 was partially substantiated with no deficiencies cited.			
	Complaint # NV00021540 was partially substantiated with no deficiencies cited.			
	Complaint #NV00021491 was unsubstantiated with no deficiencies cited.			
	Complaint # NV00021484 was unsubstantiated with no deficiencies cited.			
	The survey was conducted using the authority of Nevada Administrative Code 449, Hospitals. Deficiencies were cited as a result of the revisit survey.		RECEIVED	
	The findings and conclusions of any investigation		JUN 0 5 2009	
	by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal,		BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA	
	state or local laws.		NAC 449.316 PHYSICAL	
S 088 SS=D	NAC 449.316 Physical Environment	S 088	ENVIRONMENT	
	The buildings of a hospital must be solidly constructed with adequate space and safeguards for each patient. The condition of the physical plant and the overall hospital environment must be developed and maintained in a manner so that the safety and well-being of patients are ensured.		West Hills Hospital now ensures that in all patient environments adequate safeguards are in place for all patients by storing all electrical cords in a safe manner.	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

(x6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



198111

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILI	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		SURVEY ED
		NVN	1632HOS	B. WING	ING 04/29		
NAME OF PROVIDER OR SUPPLIER STREET ADDRE			STREET ADDRES	S, CITY, S	TATE, ZIP CODE		;
DIO TIEGI IIIEEG IIGGI IIAE			1240 E NINTH RENO, NV 895				
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S 088	Continued From page	1		S 088	ACTION(S) TAKEN:		
	This Regulation is not met as evidenced by: Based on observation, staff and patient interview the facility failed to store the cord from the vital signs machine on the adult unit in a safe manner.			Hospital policy # SM-11 "Safety Regulations" was revised by addition in the "Electrical Equipment" section. New wording is underlined:		6/1/09	
	Patient #7 was admitted to the facility on 4/10/09, with diagnoses including major depression and hypertension. On 4/27/09, he reported that he observed the cord to the vital sign machine left in the kitchen from 6 AM to 10 AM. He stated he did not tell staff about the cord and waited to see how long it would take staff to notice the cord. He reported that staff walked by the cord but did not stop to pick it up and secure it in a safe place On 4/29/09, Registered Nurse (RN) #5 was interviewed. She stated that the cord should not have been in the kitchen for safety reasons. She reported that the door to the kitchen was kept locked and patients did not enter unless they were accompanied by staff. On 4/29/09, the vital signs cord was observed lying on the desk of the nurses' station on the Adult Unit. It was possible for a patient to lean over the upper shelf of the desk and grab the cord. RN #6 was informed of the cord's location and stored the cord away from the desk and out			1. All personnel must be a that the use of electricit introduces the hazards burns, fire, and electrica and power failure. Unplessed electrical cords management a unique hazardepressed or suicidal personnel whose insulation areas are broughessed or suicidal personnel whose insulation areas are broughessed which causes the deteriorate. Keep all electrorate and do not allow create tripping hazards patient environments, unplugged, loose electrorates are stored safely the sight and reach of personnel whose jobs are carried out routinely in page environments have been trainer.	of al shock ugged. hay ard to atients. oken. il and hem to ectrical floor them to . In all ical out of oatients. b duties atient	6/5/09	
S 145 SS=D					the revised policy, including: nursing, social services, RT a maintenance, food service, a housekeeping.	and OT,	
					Electrical cord safety regulat were added to the agency standard safety orientation.		6/5/09

AND PLAN OF CORRECTION PF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILI	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
		NVI	1632HOS		·	04/29/		
NAME OF	PROVIDER OR SUPPLIER		STREET ADDRES	S, CITY, S	TATE, ZIP CODE			
BHC WE	ST HILLS HOSPITAL		1240 E NINTH RENO, NV 895					
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S318	Continued from page 1			S 088	RESPONSIBLE PERSON(S Executive Director Plant Ops Dir. Clinical Services			
					HOW MONITORED:		:	
				Checks for unplugged, loose electrical cords not stored sa of patient sight and reach ha added to EOC rounds made all shifts and to Leadership S Rounds made daily. Reports unsafe conditions are correct immediately. Findings are reto the Director of Performant Improvement daily. Data is aggregated, analyzed and reto Safety Committee monthly oversight.	afely out ove been daily on Safety of ted ported ce			

IDENTIFICAT		PROVIDER/SUPPLIER/CLIA A. BU IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING WING		SURVEY ED C 9/2009	
NAME OF PROVIDER OR SUPPLIER BHC WEST HILLS HOSPITAL 1240 E NINTH RENO, NV 89			ESS, CITY, STATE, ZIP CODE				
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	EFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPOPULATION OF CORRECTION OF CO	OULD BE	(X5) COMPLETE DATE
S145 S 318	likely to suffer adversupon discharge if the adequate discharge provide for an evaluat discharge planning of This Regulation is not Based on record revisional failed to adequately diplans for 1 of 16 patient #12 was admin with diagnoses included addiction, and schizor treatment plan did not patient would live on a content of the fallon which he did not not further mention of patient was unable to residence as he had a manager. On 4/13/09 an anticipated discharante to offer group and An interview with staff Patient #12 was to correlabilitation programment him an apartment this plan in the record. A review of a form in the Planning draft" was blue Severity: 2 Scope:1	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 likely to suffer adverse health consequences upon discharge if the patient does not receive adequate discharge planning. The hospital shall provide for an evaluation of the needs related to discharge planning of each patient so identified. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to adequately document the discharge plans for 1 of 16 patients. (Patient #12)		S 145	NAC 449.332 DISCHARGE PLANNING West Hills Hospital now ens that discharge plans are documented for all patients. ACTION(S) TAKEN: Training about discharge plans requirements and progress and documentation expectations held for social services staff including the unit clerk and the discharge planner. RESPONSIBLE PERSON(S) Interim Dir. Social Services Director of Clinical Services Director of Clinical Services Director of Clinical Services documentation done daily with measure inclusion of discharge planning in social services	anning note was he s): ill rge rogress needed, Audit Director nt daily, zed and e	5/1/09
S 318 SS=D	NAC 449.3626 Rights of Patient A governing body shall develop and carry out		d carry out	S 318	NAC 449.3626 RIGHTS OF		

Bureau of Health Care Quality & Compliance (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1)COMPLETED PRÓVIDER/SUPPLIER/CLIA À. BUILDING ___ STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION B. WING ______ 04/29/2009 **NVN632HOS** NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1240 E NINTH ST **BHC WEST HILLS HOSPITAL RENO, NV 89515** PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5)(EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) S 318 S318 West Hills Hospital now ensures Continued From page 3 that patients' rights are honored and policies and procedures that protect and support that all patients, including those on the rights of patients as set forth in NRS 449.700 the youth services unit, are treated to 449,730, inclusive. in a considerate and respectful This Regulation is not met as evidenced by: Based on observation, interview and policy manner. review, the facility failed to treat patients on the youth services unit in a considerate and ACTION(S) TAKEN: respectful manner. Coaching, counseling and Findings include: disciplinary actions, including terminations, as appropriate are On 4/27/09 at 12:30 PM, during observations of done with any individual staff the youth services unit, a nurse was observed 4/30/09 verbally interacting with a patient through the member whose behavior or speech and Onwindow into the nurses' station. The patient had actually or potentially is going been overheard asking for something other than inconsiderate or disrespectful to what was served for lunch. The nurse was then patients. overheard asking the patient why he wanted to become a ranch hand. The patient responded A new Director of Clinical Services that he wanted to work on a ranch. The nurse (DCS) has been hired to establish was then overheard to change the dialect of her appropriate professional standards voice to a southern dialect and repeatedly asked 6/1/09 the patient "what are you going to do when you of conduct on the patient care units become a ranch hand? Who are you going to at all times. ask then, the horses, or the cows? The nurse could be overheard by other persons on the unit. An Assistant Director of Nursing (asst. DON) position has been On 4/27/09 at 12:15 PM, a nurse was overheard created to strengthen professional reporting to the other staff members that the unit nursing leadership throughout the 6/1/09 would be getting an admit that day. She was then overheard saying "another one from Carson. facility. There must be something in the water in Carson." The nurse was overheard repeating the comment A new Unit Manager for Youth again at 1:10 PM. The nurse could be overheard Services has been hired to enforce by other persons on the unit. appropriate professional standards 6/1/09 of conduct on the unit at all times. On 4/29/09 at 10:00 AM, the corporate representative was interviewed and reported that both nurses had behaved in a manner not acceptable at the facility.

IDENTIF						(X3) DATE SURVE COMPLETED		
			32HOS	B. WING	S	04/29		
NAME OF PROVIDER OR SUPPLIER STREET			STREET ADDRES	SS, CITY, S	TATE, ZIP CODE			
Did little interesting			1240 E NINTH RENO, NV 89					
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S318	Continued From page Severity: 2 Scope: 1	⇒ 4		S 318	An agenda item for the search and item for the search and item for the search and interactive discussional training by the new DCS appropriate professional of conduct.	aff meeting on and on	6/5/0	
					RESPONSIBLE PERSO Director of Clinical Service Asst. DON Unit Managers			
					HOW MONITORED:			
					Any infraction of patients including considerate tre respect, observed by any member is reported to the of Performance Improve 24 hours. Immediate con action is taken, including counseling, discipline, or education. Data are aggranalyzed for trends, and to the Performance Improcommittee on a monthly to the MEC and Governiquarterly for oversight.	eatment and y staff ne Director ment within rective y coaching, remedial regated, presented ovement basis, and		
					The CEO monthly "Coffee Dave" gathers employee on perceptions of the particular populations served and prights issues, and reinfor compliance with expectate all patients are treated or and with respect at all times.	e feedback tient patients' rces tions that ponsiderately		

NVN6 NAME OF PROVIDER OR SUPPLIER BHC WEST HILLS HOSPITAL		UPPLIER/CLIA ION NUMBER:	A. BUILDING COMI B. WING 04 SSS, CITY, STATE, ZIP CODE		(X3) DATE COMPLET C 04/29/	ED :	
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S318	Continued from page	e 6		S 318	collected and analyzed. A represented by the CEO to the Governing Board quarterly for oversight.)	